



**STATE OF WASHINGTON
SECRETARY OF STATE**

**APPLICATION TO FORM A
NONPROFIT CORPORATION**

(Per Chapter 24.03 RCW)

FEE: \$30

- Please PRINT or TYPE in black ink
- Sign, date and return original AND ONE COPY to:

CORPORATIONS DIVISION
801 CAPITOL WAY SOUTH • PO BOX 40234
OLYMPIA, WA 98504-0234

- BE SURE TO INCLUDE FILING FEE. Checks should be made payable to "Secretary of State"

**EXPEDITED (24-HOUR) SERVICE AVAILABLE – \$20 PER ENTITY
INCLUDE FEE AND WRITE "EXPEDITE" IN BOLD LETTERS
ON OUTSIDE OF ENVELOPE**

FOR OFFICE USE ONLY

FILED: / /	UBI:
CORPORATION NUMBER:	

IMPORTANT! Person to contact about this filing

Daytime Phone Number (with area code)

ARTICLES OF INCORPORATION

NAME OF CORPORATION	(May contain designations such as "Association" "Services" or "Committee." May not contain a corporate designation such as "Corporation" "Incorporated" or "Limited" or the abbreviation "Corp." "Inc." "Co." or "Ltd.")
EFFECTIVE DATE OF INCORPORATION	(Specified effective date may be up to 30 days after receipt of the document by the Secretary of State) <input type="checkbox"/> Specific Date: _____ <input type="checkbox"/> Upon filing by the Secretary of State
TERM OF EXISTENCE	(Check one box only) <input type="checkbox"/> Perpetual <input type="checkbox"/> _____ Years (Please indicate number of years)
PURPOSE FOR WHICH THE NONPROFIT CORPORATION IS ORGANIZED: (If necessary, attach additional information)	
IN THE EVENT OF A VOLUNTARY DISSOLUTION, THE NET ASSETS WILL BE DISTRIBUTED AS FOLLOWS: (If necessary, attach additional information)	

NAME AND ADDRESS OF WASHINGTON STATE REGISTERED AGENT		
Name _____		
Street Address (Required) _____ City _____ State _____ ZIP _____		
PO Box (Optional – Must be in same city as street address) _____ ZIP (If different than street ZIP) _____		
I consent to serve as Registered Agent in the State of Washington for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.		
Signature of Agent	Printed Name	Date

NAMES AND ADDRESSES OF EACH INITIAL BOARD DIRECTOR (If necessary, attach additional names and addresses)		
Name _____		
Address _____ City _____ State _____ ZIP _____		

NAMES AND ADDRESSES OF EACH INCORPORATOR (If necessary, attach names, addresses <u>and signatures</u> of each additional incorporator)		
Name _____		
Address _____ City _____ State _____ ZIP _____		

SIGNATURE OF INCORPORATOR			
This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.			
Signature of Incorporator	Printed Name	Title	Date